22 yo F married has one kid. presented w/ acute appendix for 6 hours Duration

- phlegmon: appendix, omentum, small Bowel
  - ↳ omentum try to limit the spread of inflammation

Senario 1

* if signed against medical advice
  - sick looking
  - Fever
  - Dehydrated
  - Tachycardic
  - limping towards R. side
  - Tongue: Dehydrated, smell like fetus
  - Board like abdomen
    - Guarding: Voluntary
    - Rigidity: Involuntary

Dx. perforated appendix, what you'll do?

- admit
- 2 large IV Bores (hydration)
- Analgesic
- ATB
- CBC to compare leukocytes w/ ones before
  - hematocrit ↑
- electrolytes & RFT
- Imaging

* what you'll do?
  - laparoscopic
    - you'll see everything
    - small incision
  - * you'll washout
  - * send pus for culture
- complication of peritonitis on long term
  - * Infertility for female
  - * harder surgeries
  - * Adhesive small bowel obstruction

How to differentiate Malingering?

* Cough
* Distract
* loss of appetite is first symptom

* pt had perforated appendectomy from 20 years, now having severe abd. pain adhesive small Bowel obstruction

Senario 2 high fever , abdominal pain in RIF , can eat normally

P/E : normal abdomen ,but Rigid in RIF

Investigations
- Blood
- Imaging

U/S — abscess or pleqmon

If abscess
- Admit + conservative
- CT guided Drainage w/ Drain + ATB
+ Interval appendectomy

keep Drain until there's no fluid from Drain

If appendicular mass
1. Admit
2. * Mark the mass to monitor the size
3. Conservative Managment
4. ATB
   * Improvment: fever↓, appetite ↑, lab normalize
5. Interval appendectomy

- if appendectomy now: Risk for fistola!
"iliocecal fistola"

Appendicular Tumor

- carcinoid

secrete serotonin , 5 hydroxy

اقوى عن ، اقل عن

ممكن تتسأل عن كذا :

- peptic ulcer Disease ← duodenal ∪
  gastritis
  gastric ∪

knows 5 S
smoking steroid stress Sepsis Spirit ?

Perforation of ant. wall → lesser sac
↳ peritonitis
at Transverse colon goes to R.
to R. para colic gutter to RIF
start by chemical peritonitis then start Bacterial peritonitis
DDx: Pancreatitis, cholecystitis
- what you will do
  - hydrate
  - withdraw Blood: CBC, LFT, electrolyte, RFT, amylase, lipase
  * how to confirm ?
    erect chest x-ray → pneumoperitonium
    if can't stand: left Decubitus

Managment:
- Surgical management + give ATB & PPI
  you do omental patch at the side of ulcer (graham patch), because wall is friable

post. wall
- pancreas
- gastroduodenal artery upper GI bleeding
  - above Lig Trietz
- unlikely to have peritonitis